



RESERVATION AGREEMENT

Name(s)		
Address		
City	State	Zip
Phone	Email	
Phone	Email	

Completing the following information is optional and does not obligate or guarantee a specific choice of unit or unit type. It simply provides Estoria Cooperative Lakeville a general idea of what unit type is of interest to you and establishes priority for unit selection. Please fill in your preferred unit type(s) in order of preference.

UNIT TYPE	DESCRIPTION	SHARE PRICE	MONTHLY FEE

I (we) hereby deposit \$500.00 on _____, 20____ to assure priority of unit selection and membership application in the proposed Estoria Cooperative Lakeville, located in Lakeville, MN.

member-owner at Estoria Cooperative Lakeville and additional qualifying requirements must be met. I (we) acknowledge that at least one member applying for membership will need to meet the minimum age requirement of 62 years, and that Estoria Cooperative Lakeville is a smoke-free community, including all dwelling units, common areas, and grounds. The reservation deposit is non-interest-bearing. Estoria Cooperative Lakeville is developed by Ebenezer Management Services.

I (we) will be notified in advance of the unit selection process by a representative of Estoria Cooperative Lakeville. I (we) understand this reservation agreement constitutes assurance of priority consideration of unit selection in accordance with the reservation number shown above and is not an agreement to complete all membership requirements. I (we) understand that the reservation process is the first part of becoming a

If I (we) do not wish to retain this reservation priority, my (our) deposit is fully refundable upon written request, and my (our) reservation is void.

Signed: _____ Date: _____

Received by: _____ Date: _____

(Estoria Cooperative Representative)

Please make checks payable to: Estoria Cooperative Lakeville